	OFFICEHOLDER INANCE REPORT	•	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION GU	IDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000002	2 PAGE # 1 of 87
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Ronald	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Green	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 6524 San Felipe PMB 517 Houston, TX 77057	CITY; STATE; ZIP CODE	date Hand-delivered or Date Postrument
Change of Address			Receipte / Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Harry	. MI	Date Processed
NAME	NICKNAME LAST Johnson	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ' ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUT 7670 Woodway Suite 110 Houston, TX 77063		ZIP CODE
7 CAMPAIGN TREASURER PHONE	(713) 978-7701	EXTENSION	
8 REPORT TYPE	January 15 30th day before elect	ion Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year . THROU * 01/01/2006	Month Day JGH 06/30/20	Yeer OG
10 ELECTION	ELECTION DATE ELECTION TYP Month Day Year Primary	E	General Special
11 OFFICE	OFFICE HELD (if any) Houston City Council Pos. 4	12 OFFICE SOUGHT (if known	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign experienced candidates are required to disclose this information or candidates.	enditures made by others without the ca nly if they receive notification of the dire	indidate's prior consent or approval. ct campaign expenditure.
BY OTHER INDIVIDUALS	Name *		
	Address/PO Box; Apt. / Suite #; City; State; Zi	p Code	
additional pages			
	GO TO P	AGE 2	·

CANDIDATE SUPPORT &		FORM C/OH		
14 C/OH NAME Greet	n, Ronald (Mr.)		15 ACCOUNT # 00000002	(Ethics Commission filers
16 NOTICE FROM POLITICAL	I HOYO DOON HINGUE WILL	otice of political expenditures by political committees to support the ca hout the candidate's or officeholder's knowledge or consent. Candidat ey receive notice of such expenditures	andidate / officeholder. tes and officeholders a	These expenditures may are required to report this
POLITICAL COMMITTEE(S)	СОММІТТЕЕ ТУРЕ	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGE	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	25.00
	(OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,875.00
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	1,290.02
	4. TOTAL P	OLITICAL EXPENDITURES	\$	53,262.74
CONTRIBUTION BALANCE	5. TOTAL PO LAST DAY	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	39,177.07
OUTSTANDING LOAN TOTALS	6. TOTAL PP	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
AFFIX NOTARY ST Sworn to and subscribed		Signature of Can	Il information require	ed to be reported by
Signature of officer adminis	stering oath	Print name of officer administering oath	itle of officer admini	istering oath

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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 1/20			0 Report: 3/97	
FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT#		Commission filers)	
Date	5 Full name of contributor Allen, Joe	out-of-state PAC(ID#			7	Amount of contribution (\$)	
03/04/2006	6 Contributor address;	City; State; Zip Code	••••••••••••••••••••••••••••••••••••••			\$1,000.	
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	<u> </u>		
In-kind contrib	ution		11 In-kind description	(if applicable)			
Check if complete	in-kind contribution for travel ou boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.		(
	on(s) traveling on whose behalf			f necessary)			
					•		
3 Departure city	/ location	14 Departure date	15 Destination city / le	ocation		16 Arrival date	
2 14 71							
Means of trans	sportation		18 Purpose of travel				
		·	<u>-</u>	· .			
Date	5 Full name of contributor Andrews Kurth Texas PAC	out-of-state PAC(ID#_)		7	Amount of ontribution (\$)	
03/04/2006	6 Contributor address;	City; State; Zip Code			·	\$1,000.0	
Principal occup	pation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)			
				·			
In-kind contribu	ution		11 In-kind description	(if applicable)			
Check if in	n-kind contribution for travel out boxes 12-18. Otherwise, comple	side Texas and					
	n(s) traveling on whose behalf the		L attach additional pages if	necessary)		<u> </u>	
		,					
Departure city	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date	
						•	
Means of trans	portation	<u> </u>	18 Purpose of travel				
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The Instructi	ON GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 2	/20 Rep	ort: 4/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	_	Commission filers)
4 Date	5 Full name of contributor Atlas. Scott	out-of-state PAC(ID#_)	<u> </u>	7 .	Amount of ontribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	,	• • • • • • • • • • • • • • • • • • • •		\$100.0
Principal occup	eation / Job title (See Instruction	ns)	9 Employer (See In	structions)		
complete	n-kind contribution for travel ou boxes 12-18. Otherwise, comp	lete box 11 if applicable.				
12 Name of person	n(s) traveling on whose behalf	the travel was accepted ((attach additional pages i	f necessary)		
Departure city /	location	14 Departure date	15 Destination city / le	ocation	<u></u>	16 Arrival date
7 Means of trans	portation	- L	18 Purpose of travel			
Date	5 Full name of contributor Barner, Juanita	out-of-state PAC(ID#_		<u> </u>	7 cc	Amount of ontribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	······································			\$100.00
Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)	<u> </u>	
0 In-kind contribut	ion -kind contribution for travel out oxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		······································
2 Name of person	(s) traveling on whose behalf the	he travel was accepted (a	attach additional pages if	necessary)		
3 Departure city /	location	14 Departure date	15 Destination city / to	cation		16 Arrival date
7 Means of transp	ortation		18 Purpose of travel			
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	The Instruction Guide explains how to complete this form.				3/20 Ren	20 Report: 5/87	
2	FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT #	(Ethics	Commission filers)
4	Date	5 Full name of contributor Brady, Gerald	out-of-state PAC(ID#		•	7	Amount of ontribution (\$)
	03/04/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$500.0
8	Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In	structions)	<u> </u>	·, · · · · · · · · · · · · · · · · · ·
	complete	ation n-kind contribution for travel out boxes 12-18. Otherwise, compl n(s) traveling on whose behalf the	ete box 11 if applicable.				
13	Departure city i	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel	<u> </u>		
1	Date	5 Full name of contributor Burney, Zinetta	out-of-state PAC(ID#_)			Amount of ontribution (\$)
	03/02/2006	6 Contributor address; (City; State; Zip Code				\$500.00
-	Principal occup	ation / Job title (See Instructions)	9 Employer (See ins	tructions)		
0	In-kind contribution Check if in complete to	tion -kind contribution for travel outs coxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
2	Name of person	(s) traveling on whose behalf th	e travel was accepted (attach additional pages if	necessary)		
3	Departure city /	location .	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7	Means of transp	portation	<u>.</u>	18 Purpose of travel			
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	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE # Schedule: 4/2	20 Pen	ort: 6/97
2	FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002		Commission filers)
4	Date	5 Full name of contributor Clark, Mark	out-of-state PAC(ID#_)	<u> </u>	7	Amount of contribution (\$)
	02/28/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	•		\$1,000.0
8	Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Inc	structions)		
	Complete i	n-kind contribution for travel out boxes 12-18. Otherwise, comple	ele box 11 if applicable.	11 In-kind description			
72	Name of persor	n(s) traveling on whose behalf t	he travel was accepted	(attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / k	ocation		16 Arrival date
17	Means of transp	portation	<u> </u>	18 Purpose of travel			
4	Date	5 Full name of contributor Coats, Rose PAC	out-of-state PAC(ID#			7	Amount of entribution (\$)
	03/03/2006	6 Contributor address; (City; State; Zip Code	•			\$1,000.00
}	Principal occupa	ation / Job title (See Instructions	3)	9 Employer (See Ins	tructions)		,
10	In-kind contribut Check if in- complete b	ion -kind contribution for travel outs oxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)		
13	Departure city / I	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7	Means of transp	ortation		18 Purpose of travel	t		
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PO	LITICAL CONTRI HER THAN PLED	BUTIONS	un, Texas 78711-2070	(512)41	63-5800 1-800-325-8506 SCHEDULE A
The N	STRUCTION GUIDE explains how to	complete this form.		1 PAGE#	20 Report: 7/87
2 FILER	NAME Green, Ronald (Mr.)			3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contribut Continental Airlines, In	or	Better America PAC		7 Amount of contribution (\$)
03/03/	2006 6 Contributor address	City; State; Zip Cod	е		\$500.00
8 Principa	al occupation / Job title (See Instruc	tions)	9 Employer (See Ins	structions)	L
<u> </u>	eck if in-kind contribution for travel mplete boxes 12-18. Otherwise, co	mplete box 11 if applicable.		· · · · · · · · · · · · · · · · · · ·	
12 Name o	f person(s) traveling on whose beh	alf the travel was accepted	(attach additional pages i	f necessary)	
13 Departu	re city / location	14 Departure date	15 Destination city / location 16 Arrival date		
17 Means	of transportation		18 Purpose of travel		
4 Date	5 Full name of contribute Dannenbaum, James				7 Amount of contribution (\$)
03/04/2	2006 6 Contributor address;	City; State; Żip Code			\$500.00
8 Principa	occupation / Job title (See Instruct	ions)	9 Employer (See Ins	tructions)	
L cor	eck if in-kind contribution for travel on plete boxes 12-18. Otherwise, con	nplete box 11 if applicable.	11 In-kind description		
12 Name of	person(s) traveling on whose beha	If the travel was accepted (attach additional pages if	necessary)	
13 Departure city / location 14 Departure date		15 Destination city / lo	cation	16 Arrival date	
17 Means of transportation			18 Purpose of travel		
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The INSTRUCT	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 6/20 Report: 8/87		
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT #		
4 Date	5 Full name of contributor Davis, Walter	out-of-state PAC(ID#_			7 Amount of contribution (\$)	
03/04/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$100.00	
8 Principal occup	pation / Job title (See Instruction	us)	9 Employer (See Ins	structions)		
Complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description			
12 Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages i	f necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocation	16 Arrival date	
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor Fulbright & Jaworski, L.L.P	out-of-state PAC(ID# . Texas Committee			7 Amount of contribution (\$)	
03/04/2006	6 Contributor address;	City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	\$1,000.00	
8 Principal occup	ation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)		
10 In-kind contribu	tion -kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
12 Name of persor	n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)		
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation	16 Arrival date	
17 Means of transp	17 Means of transportation					
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The Instruct	пом Guide explains how to con	nplete this form.		1. PAGE#		
			·	Schedule: 7/3	20 Rep	ort: 9/87
7 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics	Commission filers)
Date	5 Full name of contributor Garver, C. M.	out-of-state PAC(ID#			7	Amount of ontribution (\$)
02/23/2006	6 Contributor address;	City; State; Zip Code	e	:		\$1,000.0
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In:	structions)		
0 In-kind contrib	oution		11 In-kind description	(if annilook)		· · · · · · · · · · · · · · · · · · ·
Check if	in-kind contribution for travel out a boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	·	(п аррпсаше)		
2 Name of person	on(s) traveling on whose behalf t	he travel was accepted	(attach additional pages i	f necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / k	antion :		16 4
		14 Departure date	13 Destination City / R	callon		16 Arrival date
7 Means of trans	sportation	<u> </u>	18 Purpose of travel			
Date	5 Full name of contributor Haller, Lauren	Out-of-state PAC(ID#_				Amount of intribution (\$)
03/01/2006	6 Contributor address;	City; State; Zip Code	••••••			. \$100.00
Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)		
0 In-kind contribu	ution	<u> </u>	44 1- 13-4	mt P - 1 1 1		-,
Check if i	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(п арріісавіе)		-
2 Name of perso	n(s) traveling on whose behalf th	ne travel was accepted (attach additional pages if	necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
Means of trans	portation	<u> </u>	18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		<u> </u>
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The Instruction Guide explains how to d		1 PAGE # Schedule: 8/20 Report: 10/87		
2 FILER NAME Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date 5 Full name of contribute Houston Apartment Ass	or out-of-state PAC(ID# sociation Better Governr	ment Fund		7 Amount of contribution (\$)
03/04/2006 6 Contributor address;	City; State; Zip Code	e ´		\$500.00
8 Principal occupation / Job title (See Instruc	tions)	9 Employer (See In	structions)	
10 In-kind contribution Check if in-kind contribution for travel complete boxes 12-18. Otherwise, col 12 Name of person(s) traveling on whose behavior	mplete box 11 if applicable.			
13 Departure city / location	14 Departure date	15 Destination city / I	ocation	16 Arrival date
17 Means of transportation	<u> </u>	18 Purpose of travel		
4 Date 5 Full name of contributo Houston Contractors PA	out-of-state PAC(ID# AC (HOU CON)			7 Amount of contribution (\$)
03/03/2006 6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$500.00
8 Principal occupation / Job title (See Instruct	ions)	9 Employer (See Ins	structions)	
10 In-kind contribution Check if in-kind contribution for travel of complete boxes 12-18. Otherwise, contribution	nplete box 11 if applicable.	11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose beha	If the travel was accepted (attach additional pages if	necessary)	
13 Departure city / location	14 Departure date	15 Destination city / lo	cation	16 Arrival date
17 Means of transportation		18 Purpose of travel		

The Instruction Guide explains how to complete this form.			1 PAGE #			
2 FILER NAME	Green, Ronald (Mr.)			Schedule: 9/ 3 ACCOUNT # 00000002		Commission filers)
4 Date	5 Full name of contributor Houston Fire Fighters PA	out-of-state PAC(ID#)		7	Amount of contribution (\$)
02/17/2006	6 Contributor address;	City; State; Zip Code	; · · · · · · · · · · · · · · · · · · ·			\$2,000.0
8 Principal occur	pation / Job title (See Instruction	s)	9 Employer (See In:	structions)		
complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind description			
12 Name of perso	n(s) traveling on whose behalf t	he travel was accepted	(attach additional pages i	f necessary)		
13 Departure city i	location	14 Departure date	15 Destination city / Id	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			<u> </u>
Date	5 Full name of contributor Jackson, Eva	out-of-state PAC(ID#_)			Amount of ontribution (\$)
02/27/2006	6 Contributor address;	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$1,000.0
Principal occup	ation / Job title (See Instructions	s)	9 Employer (See Ins	tructions)		· · · · · · · · · · · · · · · · · · ·
In-kind contribution Check if in complete to	tion -kind contribution for travel outs poxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
2 Name of person	(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages if	necessary)		
3 Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7 Means of transp	ortation		18 Purpose of travel	<u> </u>		
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The Instruction Guide explains how to complete this form.	. 1 PAGE# Schedule: 10/20 Report: 12/87
2 FILER NAME Green, Ronald (Mr.)	3 ACCOUNT # (Ethics Commission filers) 00000002
4 Date 5 Full name of contributor ☐ out-of-state P Jamail, James	PAC(ID#) 7 Amount of contribution (\$)
03/02/2006 6 Contributor address; City; State; Z	2ip Code \$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if appl	
12 Name of person(s) traveling on whose behalf the travel was acc	cepted (attach additional pages if necessary)
13 Departure city / location 14 Departure	date 15 Destination city / location 16 Arrival date
17 Means of transportation	18 Purpose of travel
4 Date 5 Full name of contributor out-of-state PA Jard, James	AC(ID#) 7 Amount of contribution (\$)
03/04/2006 6 Contributor address; City; State; Zi	\$500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if appli	<u> </u>
12 Name of person(s) traveling on whose behalf the travel was according	epted (attach additional pages if necessary)
13 Departure city / location 14 Departure c	date 15 Destination city / location 16 Arrival date
17 Means of transportation	18 Purpose of travel
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POLITI OTHER	CAL CONTRIB R THAN PLEDG	UTIONS	ANS	,	(512)4	63-580	SCHEDULE A
The Instruct	ION GUIDE explains how to con	plete this form.	· · · · · · · · · · · · · · · · · · ·	1	PAGE# Schedule: 11	1/20 B	2007
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	-	Commission filers)
4 Date	5 Full name of contributor Kargbo, Edward	•	-			7	Amount of contribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				\$100.00
8 Principal occu	pation / Job title (See Instruction	es)	9 Employer (See Ins	stru	ctions)	<u> </u>	
10 In-kind contrib	side Texas and ete box 11 if applicable.	11 in-kind description	i (if	applicable)			
12 Name of perso	on(s) traveling on whose behalf t	he travel was accepted	attach additional pages i	f ne	cessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / lo	ocat	ion		16 Arrival date
17 Means of trans	portation		18 Purpose of travel	-			
4 Date	5 Full name of contributor Linebarger, Dale	out-of-state PAC(ID#_)				Amount of ontribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	*				\$1,000.00
8 Principal occup	ation / Job title (See Instructions	š)	9 Employer (See Inst	truc	tions)		
☐ complete l	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description				
12 Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	nec	essary)		
13 Departure city /	location	14 Departure date	15 Destination city / loc	catio	on		16 Arrival date
17 Means of transp	portation		18 Purpose of travel		-		
		,	<u> </u>				

Date

03/04/2006

5 Full name of contributor ut-of-state PAC(ID# Martinez, David

City; State; Zip Code

6 Contributor address;

		L CONTRIBU IAN PLEDGE		NS	6	•	·		SCHEDULE A
_	The Instruction Guid	E explains how to comp	lete this form.			1	PAGE # Schedule: 12	2/20 F	Report: 14/87
?	FILER NAME Gre	en, Ronald (Mr.)			,	3	ACCOUNT # 00000002		s Commission filers)
)	Lock	ull name of contributor Lie Liddell & Sapp L.L.P.	PAC					7	Amount of contribution (\$)
			ity; State; Zip Code				· 		\$1,000.00
	Principal occupation /	Job title (See Instructions)	ı	9	Employer (See In	stru	ctions)		
ā	In-kind contribution Check if in-kind complete boxes	contribution for travel outsi 12-18. Otherwise, complet	de Texas and e box 11 if applicable.	11	In-kind description) (if	applicable)		
2		veling on whose behalf the		attach	additional pages	if ne	cessary)		·
3	Departure city / locatio	'n	14 Departure date	15	Destination city / I	ocat	ion		16 Arrival date
7	Means of transportation	n		18	Purpose of travel				

				· ·		
8	Principal occupation / Job title (See Instructions	s)	9 Employer (See Instructions)			
10	In-kind contribution		11 In-kind description (if applicable)			
	Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete	side Texas and ete box 11 if applicable.	•			
12	Name of person(s) traveling on whose behalf the	ne travel was accepted (attach additional pages if necessary)			
13	Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date		
17	Means of transportation		18 Purpose of travel			
		,				

Amount of contribution (\$)

\$1,000.00

The INSTRUCT	ION GUIDE explains how to con	pplete this form.		1 PAGE# Schedule: 13	3/20 Re	port: 15/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002		Commission filers)
Date	5 Full name of contributor McAfee, Carrie	out-of-state PAC(ID#)		7 c	Amount of ontribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	······	· • • • • • • • • • • • • • • • • • • •		\$100.00
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)		
☐ complete	ution in-kind contribution for travel out boxes 12-18. Otherwise, compi in(s) traveling on whose behalf	lete box 11 if applicable.	11 In-kind description			
3 Departure city	/ location	14 Departure date	15 Destination city / k	ocation	- ··	16 Arrival date
7 Means of trans	sportation		18 Purpose of travel			
Date	5 Full name of contributor McGowan, Rose	out-of-state PAC(ID#_				Amount of ntribution (\$)
03/04/2006	6 Contributor address;	City; State; Zip Code	•••••••••			\$100.00
Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)	<u> </u>	
In-kind contribu	rtion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
2 Name of persor	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages if	necessary)		-
3 Departure city /	location	14 Departure date	15 Destination city / lo	cation		16 Arrival date
7 Means of trans	portation		18 Purpose of travel		<u> </u>	

	The Instruction	ON GUIDE explains how to con	plete this form.		1 PAGE # Schedule: 14	4/20 Re	enort: 16/87
2	FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002		Commission filers)
4	Date	5 Full name of contributor Medearis, Lyndall	out-of-state PAC(ID#)		7	Amount of contribution (\$)
	02/23/2006	6 Contributor address;	City; State; Zip Code	,		-	\$100.0
3	Principal occup	pation / Job title (See Instruction	s)	9 Employer (See Inc	structions)	<u> </u>	
	Complete I	ntion n-kind contribution for travel out boxes 12-18. Otherwise, compl n(s) traveling on whose behalf t	ete box 11 if applicable.	11 In-kind description			
	Departure city /		14 Departure date	15 Destination city / lo	· .		16 Arrival date
	-	•		To Dodanason only / N	Joann		10 Anvardate
7	Means of transp	portation		18 Purpose of travel			
	Date	5 Full name of contributor Medearis, Lyndall	out-of-state PAC(ID#_			7 c	Amount of ontribution (\$)
	03/04/2006	6 Contributor address;	City; State; Zip Code	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •		\$200.00
	Principal occupa	ation / Job title (See Instructions	•)	9 Employer (See Inst	tructions)		
0	In-kind contribut Check if in- complete b	ion -kind contribution for travel outs uxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	(if applicable)		
2	Name of person	(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages if	necessary)	,	
3	Departure city / I	ocation	14 Departure date	15 Destination city / loc	cation		16 Arrival date
7.	Means of transpo	ortation		18 Purpose of travel	.,,	1	
				<u> </u>		- <u>-</u>	

	The Instruction	он Guide explains how to com	plete this form.		1 PAGE# Schedule:	15/20 Ra	nort: 17/87
2	FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002		Commission filers)
4	Date	5 Full name of contributor Memon, Ghulam	out-of-state PAC(ID#		· ·	7	Amount of ontribution (\$)
	03/03/2006	6 Contributor address;	City; State; Zip Code	3	· • • • • • • • • • • • • • • • • • • •		\$1,000.00
8	Principal occup	pation / Job title (See Instruction	9 Employer (See Ins	structions)	<u> </u>		
	complete	rtion n-kind contribution for travel out boxes 12-18. Otherwise, compl n(s) traveling on whose behalf t	ete box 11 if applicable.	11 In-kind description			
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation	-	16 Arrival date
17	Means of transp	portation		18 Purpose of travel			
4	Date 02/14/2006	5 Full name of contributor Morales, J. Art 6 Contributor address:	out-of-state PAC(ID#_				Amount of ontribution (\$) \$250.00
8	Principal occupa	ation / Job title (See Instructions	;)	9 Employer (See Inst	tructions)		
	Complete b	kind contribution for travel outs oxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description			
-	rianie or person	(s) traveling on whose behalf th	e traver was accepted (a	attach additional pages if	necessary)		
13	Departure city / 1	ocation	14 Departure date	15 Destination city / loa	cation		16 Arrivat date
7	Means of transp	ortation		18 Purpose of travel			

Texas Ethics Co	mmission P.O.Box	12070 Aust	tin, Texas 78711-2070	(512)4	63-5800	1-800-32	5-8506
	CAL CONTRIB R THAN PLEDG		ANS		S	CHEDULE	A
The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 1	7/20 Peno	d: 10/97	
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002			
4 Date	5 Full name of contributor Rash, Jeanette	out-of-state PAC(ID#				nount of tribution (\$)	
03/03/2006	6 Contributor address;	City; State; Zip Code	e	• • • • • • • • • • • • • • • • • • • •		\$25	50.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In	structions)	. I		
☐ complete	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl n(s) traveling on whose behaff t	ete box 11 if applicable.		•	,		
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation	1	6 Arrival date	
17 Means of trans	portation		18 Purpose of travel	<u></u>			
4 Date	5 Full name of contributor Reliant Energy PAC)			ount of ibution (\$)	
03/03/2006	6 Contributor address;	City; State; Zip Code				\$1,50	0.00
8 Principal occup	ation / Job title.(See Instructions	5)	9 Employer (See Ins	tructions)	<u>.</u>		
Complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	to box 11 if applicable.	11 In-kind description				
12 Name of persor	n(s) traveling on whose behalf the	e travel was accepted (attach additional pages if	necessary)			
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation	16	Arrival date	
17 Means of transp	portation	<u> </u>	18 Purpose of travel				
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		CAL CONTRIB THAN PLEDG	UTIONS	in, Texas 78711-2070		2)463-580	30 1-800-325-850 SCHEDULE A
	The INSTRUCTI	on Guide explains how to con	nplete this form.		1 PAGE#	s 18/20 ₽	eport: 20/87
2	FILER NAME	Green, Ronald (Mr.)			3 ACCOUN 0000000	T# (Ethic:	s Commission filers)
4	Date	5 Full name of contributor Turner, Raymond	out-of-state PAC(ID#_)	<u> </u>	7	Amount of contribution (\$)
	02/27/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$1,000.00
8	Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See Ins	structions)	1	
	☐ complete	n-kind contribution for travel out boxes 12-18. Otherwise, comp	ete box 11 if applicable.	11 In-kind description			
12	Name of persor	n(s) traveling on whose behalf	the travel was accepted ((attach additional pages i	f necessary)		
13	Departure city /	location	14 Departure date	15 Destination city / lo	ocation		16 Arrival date
17	Means of trans	portation	<u> </u>	18 Purpose of travel		-	<u> </u>
4	Date	5 Full name of contributor Vinson & Elkins LLP Texas	out-of-state PAC(ID#_s PAC)	······································	7 ,	Amount of contribution (\$)
•	02/01/2006	6 Contributor address;	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$1,000.00
8	Principal occup	ation / Job title (See Instruction	5)	9 Employer (See Inst	tructions)		
10	In-kind contribut Check if in complete b	tion -kind contribution for travel outs poxcs 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
12	Name of person	n(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages if	necessary)		
13 Departure city / location 14 Departure date			14 Departure date	15 Destination city / loa	cation		16 Arrival date
17	Means of transp	portation	}	18 Purpose of travel	,	·	
		· · · · · · · · · · · · · · · · · · · 			, ,,		
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Texas Ethics Co	mmission P.O.Box	12070 Aust	tin, Texas 78711-2070	(512)4	63-5800	1-800-325-850
POLITI OTHER	CAL CONTRIB R THAN PLEDG	UTIONS SES OR LOA	ANS		S	SCHEDULE A
The Instruct	ION GUIDE explains how to con	nplete this form.		1 PAGE#	0/20 Dan	-th 04/07
2 FILER NAME	Green, Ronald (Mr.)			Schedule: 19 3 ACCOUNT # 00000002		OTT. 2 1/6/ munission filers)
4 Date	5 Full name of contributor Weekley, Richard	out-of-state PAC(ID#	~,	L ,		amount of ntribution (\$)
02/13/2006	6 Contributor address;	City; State; Zip Cod	e	• • • • • • • • • • • • • • • • • • • •		\$1,000.00
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	structions)	<u>I,</u>	
10 In-kind contribu	ution n-kind contribution for travel out boxes 12-18. Otherwise, comp	iside Texas and	11 In-kind description	ı (if applicable)		
	n(s) traveling on whose behalf			if necessary)	_	
13 Departure city	/ location	14 Departure date	15 Destination city / I	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			·
4 Date	5 Full name of contributor Wilson, Gerald	Out-of-state PAC(ID#_				nount of tribution (\$)
03/03/2006	6 Contributor address;	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			\$250.00
8 Principal occup	ation / Job title (See Instruction	s)	9 Employer (See Ins	tructions)		<u> </u>
10 In-kind contribu	ition i-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind description	(if applicable)		
	n(s) traveling on whose behalf the		attach additional pages if	necessary)		,
13 Departure city /	location	14 Departure date	15 Destination city / lo	cation	1	6 Arrival date
17 Means of transp	portation	<u> </u>	18 Purpose of travel			•
			<u> </u>			

The Instruction Guide explains he	ow to complete this form.		1 PAGE # Schedule: 20/20) Report: 22/97
2 FILER NAME Green, Ronald (Mr.)			thics Commission filers)
4 Date 5 Full name of co Winstead Sechre	ntributor)	7	Amount of contribution (\$)
02/10/2006 6 Contributor add				\$1,000.00
8 Principal occupation / Job title (See	Instructions)	9 Employer (See I	nstructions)	······································
10 In-kind contribution Check if in-kind contribution for complete boxes 12-18. Otherw 12 Name of person(s) traveling on who	sa, complete box 11 if applicable.	11 In-kind description		
13 Departure city / location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of transportation		18 Purpose of travel		
·		·		
	• •			
	- . •			

exas Ethics Cor	mmission P.O.Box 1207	70 <u>, Austin, Texas</u>	78711-2070	(512)46	63-5800	1-800-325-85
POLITI	ICAL EXPENDI	TURES			SCHE	DULE F
The Instructi	ion Guide explains how to com	plete this form.		1 PAGE# Schedule: 1/6	65 Report: 23	3/87
FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Commis	sion filers)
Date	5 Payee name 1-800-Flowers.com		······································	<u></u>	7 A	mount (\$)
02/17/2006	6 Payee address; One Old Country Place Carle Place, NY 1151	City; State; Zip Code	,			\$72.51
Purpose of pa (See instruction Flowers	I lyment ons regarding type of information	required.)	9 ** Complete if direc Candidate / Officehol	t expenditure to ben der name:	efit Candidate/	Officeholder , ,
	<u>.</u> •	,	Office sought:			
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office held:		-	
	on(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	onal pages if necess	sary)	
Departure city	/ location	12 Departure date	13 Destination city / lo	ocation -	14 /	Arrival date
Means of trans	portation	<u> </u>	16 Purpose of travel		I	
Date	5 Payee name A. Phiip Randolph Instit	ute	· .			nount (\$)
02/08/2006	6 Payee address; (P.O. Box 1766 Sugarland, TX 77487	City; State; Zip Code			·	\$135.00
Purpose of pay (See instruction Advertising	went ns regarding type of information	required.)	9 · Complete if direct Candidate / Officehold	expenditure to bene ler name:	fit Candidate/C	fficeholder **
_		•	Office sought:	•		
	r travel outside Texas (complete		Office held:			
Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal pages if necessa	ary)	-
Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Ai	rival date
	<u></u>					<u>.</u>
Means of transp	portation		16 Purpose of travel			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u></u>
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POLITI	CAL EXPENDIT	TURES .		(012/10	SCHEDULE F		
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 2/6	55 Report: 24/87		
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	(Ethics Commission filers)		
4 Date	5 Payee name Academy Awards				7 Amount (\$)		
03/03/2006	6 Payee address; 6 4102 Fannin Houston, TX 77002	City; State; Zip Code			\$2,160.39		
8 Purpose of par (See instruction Advertising	I yment ins regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol		J efit Candidate/Officeholder		
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / k	14 Arrival date			
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Acres Homes Citizens (Chamber of Commerc	e		7 Amount (\$)		
01/06/2006	6 Payee address; C 6112 Wheatley Houston, TX 77091349	ity; State; Zip Code	······································		\$100.00		
8 Purpose of pay (See instruction Sponsorship	ment ins regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene er name:	lift Candidate/Officeholder		
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	nal pages if necessa	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Arrival date		
15 Means of transp	5 Means of transportation			16 Purpose of travel			
					·		

POLITI	CAL EXPENDIT	TURES				S	SCHEDULE F
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 4/6	35 Rep	ort: 26/87
2 FILER NAME Green, Ronald (Mr.)				3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Alpha Phi Alpha			<u> </u>		7	Amount (\$)
06/05/2006		City; State; Zip Code					\$495.00
8 Purpose of par (See instruction Sponsorship	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol			efit Cano	didate/Officeholder
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	onal	pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				
15 Means of trans	portation		16 Purpose of travel		·		
4 Date	5 Payee name American Airlines		,			7	Amount (\$)
04/11/2006	6 Payee address; C PO Box 619612 MD 24 DFW Airport, TX 7526	City; State; Zip Code		•••			\$234.11
8 Purpose of pay (See instruction (See travel in	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			efit Cand	idate/Officeholder **
			Office sought:				
☐ Payment for ☐ P	r travel outside Texas (complete	boxes 10-16)	Office held:				_
10 Name of person Green, Ronal	n(s) traveling on whose behalf th d	e expenditure for travel v	was made (attach additio	onal	pages if necess	ary)	
11 Departure city / Houston	location	12 Departure date 04/20/2006	13 Destination city / lo Boston	catio	ρņ		14 Arrival date 04/20/2006
15 Means of transp Flight	portation		16 Purpose of travel National Associa	tion	of Bond Lawy	ers Cor	nference

POLIT	ICAL EXPENDI	TURES			SCHEDULE F
The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 5/6	65 Report: 27/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	
4 Date	5 Payee name American Airlines		7 Amount (\$)		
04/12/2006		City; State; Zip Code	•		\$25.0
8 Purpose of pa (See instruction (See travel in	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to ben der name:	nefit Candidate/Officeholder
☐ Payment for the last of the las	or travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:		
10 Name of perso Green, Runa	π(s) traveling on whose behalf ti Id	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)
11 Departure city Boston	11 Departure city / location Boston 12 Departure date 04/24/2006 13 Destination city / location Houston				
15 Means of trans Flight	portation		16 Purpose of travel Return Flight Fe	e	
4 Date	5 Payee name Anderson, Tamara				7 Amount (\$)
03/13/2006	6 Payee address; C 8181 El Mundo #1905 Houston, TX 77054	City; State; Zip Code			\$1,000.00
8 Purpose of pay (See instruction Contract Lab	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene ler name:	efit Candidate/Officeholder
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:		
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal pages if necess	sary)
11 Departure city /	location	12 Departure date	13 Destination city / loc	cation	14 Arrival date
15 Means of transp	portation		16 Purpose of travel		

16 Purpose of travel

15 Means of transportation

POLITI	ICAL EXPENDIT	TURES			-		·	S	SCHEDULE F
The Instructi	пом Guide explains how to comp	plete this form.		1		AGE#		65 Rep	ort: 29/87
2 FILER NAME	Green, Ronald (Mr.)			3	A	0000	NT#		Commission filers)
4 Date 03/13/2006	5 Payee name AT&T 6 Payee address; C PO BOX 630047 Dallas, TX 752630047	City; State; Zip Code			• • •			7	Amount (\$) \$667.30
Telephone	ons regarding type of information	e boxes 10-16)	9 • Complete if direct Candidate / Officehold Office sought: Office held:	lder i	nan	ne:			didate/Officeholder ••
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addition	ional	l pa	ges if	neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / lo	ocati	ion				14 Arrival date
15 Means of trans	portation		16 Purpose of travel				 .		
4 Date 04/14/2006	5 Payee name AT&T							7	Amount (\$)
04/14/2000		City; State; Zip Code				-			\$219.55
8 Purpose of pay (See instruction Telephone	I yment ons regarding type of information r	required.)	9 · · Complete if direct Candidate / Officehold	expe der n	end	liture t ie:	o bene	l efit Cand	idate/Officeholder ''
	or travel outside Texas (complete	<u> </u>	Office sought: Office held:						
10 Name of persor	on(s) traveling on whose behalf the	a expenditure for travel w	vas made (attach additio	nal	pag	es if r	ecess	агу)	
11 Departure city /	location	12 Departure date	13 Destination city / loc	catio	on				14 Arrival date
15 Means of transp	portation		16 Purpose of travel					l	<u> </u>
					•				

	ICAL EXPENDIT				<u>)463-580</u> 1	SCHEDULE F
The Instructi	іон Guide explains how to com	plete this form.		1 PAGE# Schedule:	8/65 Rep	port: 30/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT 00000000		Commission filers)
4 Date	5 Payee name AT&T	<u> </u>			7	Amount (\$)
06/15/2006		City; State; Zip Code	9			\$76.00
8 Purpose of pa (See instruction Telephone	I lyment ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	t expenditure to b lder name:	 penefit Can	didate/Officeholder **
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	I was made (attach additi	ional pages if ned	essary)	
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			1
4 Date	5 Payee name Boy Scouts - Sam Hous	iton Area Council	<u></u>		7	Amount (\$)
04/26/2006	6 Payee address; C P.O. Box 52786 Houston, TX 77052278	City; State; Zip Code				\$1,000.00
8 Purpose of pay (See instruction Sponsorship	yment ns regarding type of information i	required.)	9 ** Complete if direct Candidate / Officehold		enefit Cano	lidate/Officeholder **
			Office sought:			
	or travel outside Texas (complete n(s) traveling on whose behalf the		Office held: was made (attach addition	onal pages if nece	essary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation		14 Arrival date
15 Means of transp	portation		16 Purpose of travel			

POLITI	ICAL EXPENDITION		78711-2070		(512)46		1-800-325-850 SCHEDULE F
. 02.11	OAL EAR END!	ONEO				3	CHEDOLE F
The Instructi	ION GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 9/6	65 Rep	ort: 31/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Brennan's					7	Amount (\$)
02/17/2006	6 Payee address; 3300 Smith St. Houston, TX 77006	City; State; Zip Code					\$801.56
8 Purpose of pa (See instruction Event Expen	ons regarding type of information	required.)	9 · Complete if direc Candidate / Officeho	t exp	penditure to ben name:	efit Cand	didate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	iona	pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Brentwood Community	Foundation			<u></u>	7	Amount (\$)
02/21/2006	6 Payee address; C P.O. Box 45008 Houston, TX 77245	City; State; Zip Code		•••			\$250.00
8 Purpose of pay (See instruction Sponsorship	yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			L efit Cand	idate/Officeholder **
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought:	•			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	Iwas made (attach addition	onal	pages if necess	ary)	-
11 Departure city /	location	12 Departure date	13 Destination city / fo	cati	on		14 Arrival date
15 Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	16 Purpose of travel				· ·
			·			,	,
							,

16 Purpose of travel

15 Means of transportation

POLIT	ICAL EXPENDIT				(512)4(SCHEDULE F
The Instruction	ION GUIDE explains how to com	plete this form.		1	PAGE# Schedule: 11	/65 Re	eport: 33/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Cayenne's Restaurant	Inc.		<u> </u>		7	Amount (\$)
03/03/2006	6 Payee address; 8236 Kirby Drive Suite Houston, TX 77054	City; State; Zip Code	3				\$2,679.38
8 Purpose of pa (See instruction Reception E	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t exp der	penditure to ben name:	I efit Can	didate/Officeholder '
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	onal	pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / lo	ocati	ion	<u> </u>	14 Arrival date
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name CH2M Hill					7	Amount (\$)
05/10/2006	6 Payee address; C 7600 W. Tidwell Rd. Su Houston, TX 77040	City; State; Zip Code			••••••		\$250.00
8 Purpose of pay (See instruction Sponsorship	yment yns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expo ier n	enditure to bene ame:	Lefit Cand	idate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on .		14 Arrival date
15 Means of transp	portation		16 Purpose of travel				

POLITI	ICAL EXPENDI		76711-2070	(512)41	53-5800 SCHI	1-800-325-85 EDULE F	
The Instructi	юм Guide explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE# Schedule: 12	2/65 Report:	34/87	
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Commi	ssion filers)	
4 Date	5 Payee name Chevron			,	7 4	Amount (\$)	
01/31/2006	6 Payee address; 2222 Louisiana Houston, TX 77002	City; State; Zip Code	3			\$69.03	
8 Purpose of pa (See instruction Travel Exper	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	t expenditure to ben lder name:	efit Candidate	Officeholder **	
	or travel outside Texas (complet		Office sought: Office held:				
10 Name of perso	on(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	ional pages if neces	sary)		
1 Departure city	/ location	12 Departure date	13 Destination city / I	ocation	14 Arrival date		
5 Means of trans	sportation		16 Purpose of travel				
Date	5 Payee name Chevron		1		7 A	mount (\$)	
06/16/2006	6 Payee address; (1603 Jefferson Houston, TX 77002	City; State; Zip Code	·			\$75.00	
Purpose of pay (See instruction Travel Expen	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold		I efit Candidate/o	Officeholder **	
Payment fo	or travel outside Texas (complete	Office sought: Office held:					
_	n(s) traveling on whose behalf th		l was made (attach additio	onal pages if necess	агу)		
1 Departure city /	location -	12 Departure date	13 Destination city / lo	ecation	14 A	 ιπίναΙ date	
5 Means of transp	portation		16 Purpose of travel				
			·	*****			

POLITI	CAL EXPENDIT	TURES				9	SCHEDULE F	
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 13	/65 Re	port: 35/87	
2 FILER NAME	3	3 ACCOUNT # (Ethics Commission filers) 00000002						
4 Date	5 Payee name Christ The Burden Bea	rer Church				7	Amount (\$)	
01/13/2006	6 Payee address; (P.O. Box 308 Missouri City, TX 7748	City; State; Zip Code		••	······································		\$200.00	
8 Purpose of par (See instruction Sponsorship	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	der	penditure to ben name:	efit Can	didate/Officeholder	
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:	•				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ona	pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocat	ion	14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel	_	·		<u>. </u>	
4 Date	5 Payee name Contemporary Arts Mus	eum Houston				7	Amount (\$)	
02/01/2006	6 Payee address; C 5216 Montrose Blvd. Houston, TX 77006	ity; State; Zip Code					\$250.00	
8 Purpose of pay (See instruction Sponsorship	rment ns regarding type of information	réquired.)	9 · · Complete if direct Candidate / Officehold			l fit Cand	idate/Officeholder **	
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	nal	pages if necess	агу)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on		14 Arrival date	
15 Means of transp	portation	<u> </u>	16 Purpose of travel			[
		· · · · · · · · · · · · · · · · · · ·						

	ICAL EXPENDI	IURES				\$	SCHEDULE F
The Instruction	ION GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 14	/65 Re	port: 36/87
FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
Date	5 Payee name Continental Airlines			<u> </u>	<u> </u>	7	Amount (\$)
04/06/2006		City; State; Zip Code		•••			\$297.10
Purpose of pa (See instruction (See travel in	ons regarding type of information	required.)	9 ° Complete if direct Candidate / Officehol	t exp	enditure to ben name:	efit Cano	didate/Officeholder
X Payment for	or travel outside Texas (complet	e boxes 10-16)	Office sought:				
Name of perso Green, Rona	on(s) traveling on whose behalf the	ne expenditure for travel	I was made (attach additi	onal	pages if neces	sary)	
Departure city Boston	/ location	12 Departure date 04/24/2006	13 Destination city / location Houston			14 Arrival date 04/24/2006	
Means of trans Flight	portation	<u>. </u>	16 Purpose of travel Return Flight fro Conference	m N	ational Assoc	iation o	f Bond Lawyers
Date	5 Payee name Continental Airlines					7	Amount (\$)
04/13/2006	6 Payee address; C PO Box 4607 Houston, TX 77210	ity; State; Zip Code			••••••••••••••••••••••••••••••••••••••		\$425.00
Purpose of pay (See instruction (See travel in	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			[efit Candi	idate/Officeholder ''
-			Office sought:				
	or travel outside Texas (complete n(s) traveling on whose behalf th		Office held: was made (attach addition	nal	pages if necess	агу)	·
Departure city /		12 Departure date	13 (Application sits (In				44.4-2-11.1
Houston		05/01/2006	13 Destination city / to Oakland	cauc	HI .		14 Arrival date 05/01/2006
Means of transp Flight	portation		16 Purpose of travel Minority Bond La	wye	rs Conference	1)	
						•	

15 Means of trans Flight	sportation	-	16 Purpose of travel Return Flight from Minority Bond Lawyers Conference						
4 Date	5 Payee name Courtlandt Square Ltd.	-		7 Amount (\$)					
05/03/2006	6 Payee address; 0 3401 Louisiana Suite 10 Houston, TX 77002	City; State; Zip Code 00		\$5,141.33					
	yment ns regarding type of information nt for Campaign Office	required.)	9 * Complete if direct expenditure to bene Candidate / Officeholder name:	fit Candidate/Officeholder **					
			Office sought:						
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:	•					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additional pages if necess	ary)					
11 Departure city /	location	12 Departure date	13 Destination city / location	14 Arrival date					
15 Means of trans	portation		16 Purpose of travel						
				Electronic Filing Version					

PÓLITI	POLITICAL EXPENDITURES						
The INSTRUCT	ON GUIDE explains how to com	plete this form.	1 PAGE# Schedule: 16/65 Report: 38/87				
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Courtyard Marriott	,	· · · · · · · · · · · · · · · · · · ·			7	Amount (\$)
04/13/2006 6 Payee address; City; State; Zip Code 601 Main St. Fort Worth, TX 76102						\$295.08	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses 9 ** Complete if direct expenditure to bendance of the complete if direct expenditure to be direct expenditure to be direct expension of the complete if direct expenditure to be direct expension of the complete if direct expension is a complete if direct expension of the complete if direct expension is a						i nefit Can	didate/Officeholder
Office sought: . Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city / le		14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Damian's Cucina Italian	a				7	Amount (\$)
04/05/2006	6 Payee address; C 3011 Smith St, Houston, TX 77006	city; State; Zip Code	• • • • • • • • • • • • • • • • • • • •				\$130.82
8 Purpose of pay (See instruction Campaign Mo	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	exp der s	enditure to ber name:	L refit Cand	lidate/Officeholder **
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	vas made (attach additio	onal	pages if neces	sary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on .		14 Arrival date
15 Means of transp	portation		16 Purpose of travel	_			
						·	, , , , , , , , , , , , , , , , , , , ,

POLITI	POLITICAL EXPENDITURES							
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 1	7/65 Re	port: 39/87	
2 FILER NAME	Green, Ronald (Mr.)				ACCOUNT # 000000002	(Ethics	Commission filers)	
4 Date	5 Payee name Derrick Thomas Found	ation		1.	7	Amount (\$)		
02/08/2006 6 Payee address; City; State; Zip Code P.O. Box 91311 Houston, TX 772911311							\$135.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:							didate/Officeholder **	
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:								
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date		
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name Dominos Pizza		<u> </u>			7	Amount (\$)	
06/23/2006	6 Payee address; C 804 Main St. Houston, TX 77002	City; State; Zip Code					\$51.96	
8 Purpose of pay (See instruction Lunch for Sta	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			I efit Cand	idate/Officeholder ••	
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal p	ages if neces	sary)		
11 Departure city /	location	12 Departure date	13 Destination city / location				14 Arrival date	
15 Means of transp	16 Purpose of travel							
	,	<u> </u>						

POLITI	POLITICAL EXPENDITURES						
The Instructi	on Guide explains how to com	olete this form.		1 PAGE# Schedule: 18/	/65 Report: 40/87		
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	(Ethics Commission filers)		
4 Date	5 Payee name Downing Street			,	7 Amount (\$)		
05/30/2006	6 Payee address; (2549 Kirby Dr. Houston, TX 77019	City; State; Zip Code			\$66.15		
8 Purpose of pa (See instruction Campaign M	t expenditure to bene der name:	efit Candidate/Officeholder **					
Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city / le	ocation	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name ExxonMobil				7 Amount (\$)		
04/10/2006	6 Payee address; C 3717 Main St. Houston, TX 77002	ity; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		\$60.46		
8 Purpose of pay (See instruction Travel Expen	ns regarding type of information	required.)	9 • Complete if direct Candidate / Officehold		fit Candidate/Officeholder **		
			Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal pages if necessa	эгу)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	14 Arrival date			
15 Means of transp	portation		16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES						
The Instructi	ом Guide explains how to com	plete this form.	1 PAGE# Schedule: 19/65 Report: 4				eport: 41/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	4 Date 5 Payee name ExxonMobil				7	Amount (\$)	
06/12/2006	06/12/2006 6 Payee address; City; State; Zip Code 3717 Main St. Houston, TX 77002						\$75.00
8 Purpose of pa (See instruction Travel Exper	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t exp	enditure to ben name:	efit Can	didate/Officeholder **
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal	pages if neces	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel			-	<u>.</u>
4 Date	5 Payee name ExxonMobil		<u> </u>			7	Amount (\$)
06/22/2006	6 Payee address; C 3717 Main St. Houston, TX 77002	ity; State; Zip Code					\$75.00
8 Purpose of pay (See instruction Travel Expen	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	exp der n	enditure to bene ame:	L efit Cand	lidate/Officeholder **
□ a	or travel outside Texas (complete		Office sought:				
···	n(s) traveling on whose behalf th	<u> </u>	Office held: was made (attach addition	onal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	חכ		14 Arrival date
15 Means of trans	16 Purpose of travel						

POLITICAL EXPENDITURES							SCHEDULE F
The Instruction	อม Guide explains how to com	plete this form.			PAGE # Schedule: 2	0/65 Re	port: 42/87
2 FILER NAME	Green, Ronald (Mr.)				ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	4 Date 5 Payee name ExxonMobil					7	Amount (\$)
06/26/2006 6 Payee address; City; State; Zip Code 3717 Main St. Houston, TX 77002						\$60.78	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses 9 ** Complete if direct expenditure to be Candidate / Officeholder name:						nefit Can	didate/Officeholder **
	Office sought:						
Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city /	location	12 Departure date	13 Destination city / k		14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel				<u>, , , , , , , , , , , , , , , , , , , </u>
4 Date	5 Payee name Fundamentals Ink Incor	porated	<u> </u>	·	*****	7	Amount (\$)
03/09/2006		ity; State; Zip Code					\$250.00
8 Purpose of pay (See instruction Sponsorship	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	expe der na	enditure to ber ame:	efit Cand	idate/Officeholder
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	vas made (attach additic	onal p	ages if neces	sary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	n		14 Arrival date
15 Means of transp	16 Purpose of travel						

POLITICAL EXPENDI	•	SCHEDULE F				
The Instruction Guide explains how to com	uplete this form.		1	PAGE # Schedule: 21	/65 Re	eport: 43/87
2 FILER NAME Green, Ronald (Mr.)			3	ACCOUNT # 00000002		Commission filers)
4 Date 5 Payee name Garcia. Shantell					7	Amount (\$)
01/06/2006 6 Payee address; 8624 Wheatley Houston, TX 77088	City; State; Zip Code				-	\$100.00
Purpose of payment (See instructions regarding type of information Consulting	n required.)	9 ** Complete if direc Candidate / Officehol	t exp Ider	enditure to ben name:	efit Can	didate/Officeholder **
Payment for travel outside Texas (comple	te boxes 10-16)	Office sought: Office held:	·			
10 Name of person(s) traveling on whose behalf	the expenditure for travel	was made (attach additi	ional	pages if neces	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date		
15 Means of transportation	· ·	16 Purpose of travel	_			.!
4 Date 5 Payee name Garcia, Shantell		<u> </u>	-		7	Amount ·(\$)
02/08/2006 6 Payee address; 8624 Wheatley Houston, TX 77088	City; State; Zip Code			••••		\$100.00
8 Purpose of payment (See instructions regarding type of information Consulting	required.)	9 · · Complete if direct Candidate / Officehold	expi der n	enditure to bene ame:	fit Cand	lidate/Officeholder **
Payment for travel outside Texas (complete	e boxes 10-16)	Office sought:				
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel v	was made (attach additio	onal	pages if necess	ary)	
1 Departure city / location	12 Departure date	13 Destination city / to	catio	en		14 Arrival date
5 Means of transportation		16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES						
The Instruction	ON GUIDE explains how to comp	olete this form.		1	PAGE # Schedule: 22	/65 Re	port: 44/87
2 FILER NAME	Green, Ronald (Mr.)	· · · · · · · · · · · · · · · · · · ·		3	ACCOUNT # 00000002	(Ethics C	Commission tilers)
4 Date	5 Payee name Gee Family Association	Educational Fund				7	Amount (\$)
02/08/2006	02/08/2006 6 Payee address; City; State; Zip Code 5847 San Felipe #2950 Houston, TX 77057						\$100.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship 9 * * Complete if direct expenditure to benefit Candidate/Officeholder * Candidate / Officeholder name:							
Office sought: Office sought: Office held:							
Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
						<u> </u>	
11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date	
15 Means of trans	portation		16 Purpose of travel			·	<u> </u>
4 Date	5 Payee name Government Finance O	fficers Association	,	+		7	Amount (\$)
01/12/2006	6 Payee address; C 203 N. La Salle St. Chicago, IL 60601	ity; State; Zip Code			,,,,,,,,,,,		\$884.00
8 Purpose of pay (See instruction Sponsorship	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			I efit Candi	idate/Officeholder
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:	-			
<u></u>	n(s) traveling on whose behalf th		 was made (attach additio	onal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on		14 Arrival date
15 Means of trans	16 Purpose of travel						

POLITICAL EXPENDIT	POLITICAL EXPENDITURES						
The Instruction Guide explains how to comp	plete this form.			PAGE # Schedule: 23.	/65 Re	port: 45/87	
2 FILER NAME Green, Ronald (Mr.)			3	ACCOUNT # 00000002		Commission filers)	
4 Date 5 Payee name Greater Houston Conve	ention & Visitors Burea	au	 ,	<u>.</u>	7	Amount (\$)	
01/17/2006 6 Payee address; City; State; Zip Code 901 Bagby Suite 100 Houston, TX 77002						\$53.56	
8 Purpose of payment (See instructions regarding type of information required.) Constituent Gifts 9 ** Complete if direct expenditure to bend Candidate / Officeholder name:					efit Cano	lidate/Officeholder	
☐ Payment for travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	ional	pages if necess	sary)	·.	
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of transportation		16 Purpose of travel					
4 Date 5 Payee name Harris County Democra	tic Party				7 Amount (\$)		
06/28/2006 6 Payee address; C 1445 North Loop West # Houston, TX 77008	City; State; Zip Code			•••••		\$100.00	
Purpose of payment (See instructions regarding type of information Sponsorship	required.)	9 · · Complete if direct Candidate / Officehold			efit Cand	idate/Officeholder	
☐ Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addition	onal	pages if necess	ary)		
11 Departure city / location	12 Departure date	13 Destination city / lo	ocatio	on .		14 Arrival date	
15 Means of transportation		16 Purpose of travel					

POLIT	POLITICAL EXPENDITURES							
The Instruction	ION GUIDE explains how to com	plete this form.	1 PAGE # Schedule: 24/65 Report: 46/87					
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000002				
4 Date	4 Date 5 Payee name Hilton Houston Southwest					7	Amount (\$)	
02/01/2006	02/01/2006 6 Payee address; City; State; Zip Code 6780 Southwest Freeway Houston, TX 77074						\$250.00	
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to bend Candidate / Officeholder name:					l nefit Can	didate/Officeholder **		
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:								
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	onal	pages if nece	ssary)		
11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date		
15 Means of trans	sportation	<u></u>	16 Purpose of travel				1	
4 Date	5 Payee name Houstn Chapter of Links	s Inc.				7	Amount (\$)	
01/23/2006	6 Payee address; C 1200 Massachusetts Av Washington, DC 20005				· · · · · · · · · · · · · · · · · · ·		\$1,000.00	
8 Purpose of pay (See instruction Sponsorship	 yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold			efit Cano	lidate/Officeholder **	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	nal	pages if neces	sary)		
11 Departure city /	12 Departure date	13 Destination city / location			14 Arrival date			
15 Means of transp	portation		16 Purpose of travel					
							ļ	

12 Departure date

13 Destination city / location

16 Purpose of travel

11 Departure city / location

15 Means of transportation

	_ [
7	Amount (\$)
•	\$177.00
enefit Ca	andidate/Officeholder **
cessary)	
	14 Arrival date
	Electronic Filing Version

POLITI	CAL EXPENDIT				s-5600	CHEDULE F		
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 26/65 Report: 48/87				
2 FILER NAME	Green, Ronald (Mr.)		· ·	3 ACCOUNT# 00000002	(Ethics C	Commission filers) .		
4 Date	5 Payee name Houston Northeast CD	C _. .			7	Amount (\$)		
03/09/2006	6 Payee address; 6 9126 Jensen Drive Houston, TX 77093	City; State; Zip Code			,	\$100.00		
Sponsorship	ns regarding type of information		9 • Complete if direct Candidate / Officehol Office sought:	t expenditure to ben der name:	I efit Cand	lidate/Officeholder ••		
· · · · · · · · · · · · · · · · · · ·	n(s) traveling on whose behalf th		Was made (attach additi	onal pages if neces	sary)			
11 Departure city	location	12 Departure date	13 Destination city / lo		14 Arrival date			
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name Houston Rockets				7	Amount (\$)		
02/10/2006	6 Payee address; C 1510 Polk Street Houston, TX 77002	City; State; Zip Code		······································		\$2,000.00		
8 Purpose of pay (See instruction Tickets for Lo	ment ns regarding type of information one Star game for Precinct Cl	required.) hairs and families	9 • Complete if direct Candidate / Officehold	expenditure to bene ler name:	fit Candi	date/Officeholder **		
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	nal pages if necess	ary)			
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation		14 Arrival date		
15 Means of transp	portation		16 Purpose of travel					
	,					,		

POLITI	CAL EXPENDI	TURES			s	CHEDULE F
The Instructi	ON GUIDE explains how to com	piete this form.		1 PAGE# Schedule: 27	/65 Re _l	port: 49/87
2 . FILER NAME	Green, Ronald (Mr.)	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (Ethics Commission filer 00000002		
4 Date	5 Payee name Houston Style Magazin	ne			7	Amount (\$)
01/06/2006		City; State; Zip Code ite 375				\$300.00
8 Purpose of par (See instruction MLK Day Ad	ins regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Cand	idate/Officeholder
	•		Office sought:			-
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:			_
10 Name of perso	n(s) traveling on whose behatf the	he expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city / location 12 Departure date 13			13 Destination city / lo	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
						·
4 Date	5 Payee name Houston Style Magazin	e ·			7	Amount (\$)
06/28/2006	6 Payee address; C 2646 S. Loop West Suit Houston, TX 77054	City; State; Zip Code te 375	· · · · · · · · · · · · · · · · · · ·		٠.	\$400.00
8 Purpose of pay (See instruction Essence Adv	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene ler name:	fit Candi	date/Officeholder **
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal pages if necessa	ary)	
11 Departure city / location 12 Departure date			13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel			
· · · · · · · · · · · · · · · · · · ·	,					

POLITI	CAL EXPENDIT	TURES	·		s	CHEDULE F	
The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 29/	65 Rep	port: 51/87	
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000002			
4 Date	5 Payee name Jewish Herald Voice				7	Amount (\$)	
03/09/2006	•	City; State; Zip Code				\$230.00	
8 Purpose of pa (See instruction Advertising	yment ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	e hoves 10-16)	Office sought: Office held:	·			
	n(s) traveling on whose behalf the	 	<u> </u>	onal pages if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Knights of Peter Claver	- #72			7	Amount (\$)	
02/08/2006		City; State; Zip Code				\$100.00	
8 Purpose of pay (See instruction Advertising	yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		fit Candi	date/Officeholder	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	L was made (attach additio	onal pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	ocation		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
		· · · · · · · · · · · · · · · · · · ·					

		3 78711-2070	. (3,2/-	63-5800	1 - 800-325-85
CAL EXPENDIT	TURES			sc	HEDULE F
on Guide explains how to com	plete this form.		1 PAGE# Schedule: 30	D/65 Repo	rt: 52/87
Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Con	nmission filers)
5 Payee name Kristi Thibaut Campaig	n			7	Amount (\$)
P.O. Box 42120	City; State; Zip Code	 B	••••••		\$1,000.00
ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to ber der name:	nefit Candida	ate/Officeholder ''
		Office sought:			
or travel outside Texas (complete	e boxes 10-16)	Office held:			
n(s) traveling on whose behalf th	ne expenditure for travel	l was made (attach additi	onal pages if neces	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location			ocation	1	4 Arrival date
portation		16 Purpose of travel		J	
5 Payee name KTSU Radio		······································		7	Amount (\$)
6 Payee address; C 3100 Cleburne Houston, TX 77004	ity; State; Zip Code				\$300.00
	required.)	9 * Complete if direct Candidate / Officehold	expenditure to bender name:	l efit Candida	te/Officeholder **
		Office sought:			
r travel outside Texas (complete	boxes 10-16)	Office held:			
n(s) traveling on whose behalf the	e expenditure for travel	was made (attach additio	nal pages if necess	ary)	
location	12 Departure date	13 Destination city / lo	cation	14	Arrival date
portation		16 Purpose of travel		l	
	Green, Ronald (Mr.) 5 Payee name Kristi Thibaut Campaign 6 Payee address; P.O. Box 42120 Houston, TX 77242212 yment ns regarding type of information ontribution or travel outside Texas (complete n(s) traveling on whose behalf the follocation 5 Payee name KTSU Radio 6 Payee address; 3100 Cleburne Houston, TX 77004 ment ns regarding type of information of the provided of the	5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code P.O. Box 42120 Houston, TX 772422120 yment ins regarding type of information required.) ontribution or travel outside Texas (complete boxes 10-16) in(s) traveling on whose behalf the expenditure for travel flocation 12 Departure date 7 Payee name KTSU Radio 6 Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004 ment ins regarding type of information required.) r travel outside Texas (complete boxes 10-16) in(s) traveling on whose behalf the expenditure for travel location 12 Departure date	S Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code P.O. Box 42120 Houston, TX 772422120 yment por travel outside Texas (complete boxes 10-16) 12 Departure date 7 Payee name KTSU Radio 6 Payee address; City: State; Zip Code P.O. Box 42120 Houston, TX 772422120 9 *** Complete if direct Candidate / Office hold: Office sought: Office sought: Office held: 12 Departure date 13 Destination city / Note that is regarding type of information required.) 15 Payee name KTSU Radio 16 Payee address; City: State; Zip Code 3100 Cleburne Houston, TX 77004 The provided of the provided	ON Guide explains how to complete this form. Green, Ronald (Mr.) 3 ACCOUNT # O0000002 5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code P.O. Box 42120 Houston, TX 772422120 yment as regarding type of information required.) or travel outside Texas (complete boxes 10-16) Office aought: Office held: 12 Departure date 13 Destination city / location 14 PAGE # Schedule: 3t ACCOUNT # O0000002 5 Payee name Kristi Thibaut Campaign 15 Payee name Kristi Thibaut Campaign 16 Purpose of travel 17 Departure date 18 Purpose of travel 19 **Complete if direct expenditure to ben Candidate / Office held: 19 **Complete if direct expenditure to ben Candidate / Office held: 10 Cation 11 PAGE # Schedule: 3t ACCOUNT # O00000000000000000000000000000000000	On Guibe explains how to complete this form. 1

Texas Ethics Com	nmission P.O.Box 1207	70 Austin Texas	78711-2070	(512)46	33-5800 1-800-325-850
POLITI	CAL EXPENDI	TURES			SCHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 31	/65 Report: 53/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Payee name Leadership Houston			J	7 Amount (\$)
04/26/2006	6 Payee address; 3015 Richmond Suite 2 Houston, TX 77098	City; State; Zip Code 200	······································	······································	\$200.00
8 Purpose of pay (See instruction Sponsorship	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to ben lder name:	efit Candidate/Officeholder **
			Office sought:		
Payment fo	Payment for travel outside Texas (complete boxes 10-16) Office held:				
10 Name of persor	n(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	onal pages if neces	sary)
11 Departure city /	location	12 Departure date	13 Destination city / I	ocation .	14 Arrival date
15 Means of transp	portation	<u> </u>	16 Purpose of travel		
4 Date	5 Payee name Levine, Burt		<u> </u>		7 Amount (\$)
02/23/2006	6 Payee address; (3207 Rimrock Drive Missouri City, TX 7745	City; State; Zip Code			\$400.00
8 Purpose of pay	mont	_	In the Company of the state of		510 10 10 10 10 10 10 10 10 10 10 10 10 1
	ns regarding type of information	required.)	Candidate / Officehold	expenditure to bene der name:	efit Candidate/Officeholder **
			Office sought:	•	
Payment for	r travel outside Texas (complete	boxes 10-16)	Office held:		
	(s) traveling on whose behalf th		l was made (attach additio	onal pages if necess	ary)
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation	14 Arrival date
15 Means of transp	portation		16 Purpose of travel		
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POLITI	ICAL EXPENDIT		10717 2010	(V.2/11)	53-5800 S	SCHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 32	/65 Re	port: 54/87
2 FILER NAME	Green, Ronald (Mr.)		·	3 ACCOUNT # 00000002		Commission filers)
4 Date	5 Payee name Levine, Burt			I.,	7	Amount (\$)
05/10/2006	6 Payee address; (3207 Rimrock Drive Missouri City, TX 7745	City; State; Zip Code				\$400.00
8 Purpose of pay (See instruction Consulting	yment ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to ben lder name:	efit Cand	lidate/Officeholder **
Payment fc	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:	٠		
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional pages if neces	sary)	
11 Departure city / location 12 Departure date			13 Destination city / lo	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name LIS Recording Studios				7	Amount (\$)
02/11/2006	6 Payee address; C 10214 Georgibelle Suite Houston, TX 77043	City; State; Zip Code e 100				\$250.00
8 Purpose of pay (See instruction Media	i ment ns regarding type of information (required.)	9 · · Complete if direct Candidate / Officehold		fit Candi	date/Officeholder **
Payment for	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	onal pages if necess	ary)	
11 Departure city / location 12 Departure date			13 Destination city / location			14 Arrival date
15 Means of transp	contation		16 Purpose of travel			

POLITI	ICAL EXPENDI	TURES			· · · · · · · · · · · · · · · · · · ·	S	SCHEDULE F
The Instructi	ION GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 33	1/65 Re	port: 55/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Lone Star Strategies			<u> </u>	·	7	Amount (\$)
01/06/2006	6 Payee address; 7670 Woodway Suite 1 Houston, TX 77063	City; State; Zip Code 10		•••			\$400.00
8 Purpose of pa (See instruction Compliance	yment yns regarding type of information	required.)	9 * Complete if direct Candidate / Officehol			efit Cand	didate/Officeholder **
☐ Payment fo		Office sought: Office held:					
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal	pages if neces	sary)	-
11 Departure city / location 12 Departure date 13 Destination city / location				ion	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Lone Star Strategies					7	Amount (\$)
02/08/2006	6 Payee address; C 7670 Woodway Suite 1 Houston, TX 77063	ity; State; Zip Code		• • •			\$200.00
8 Purpose of pay (See instruction Compliance	/ment ns regarding type of information	required.)	9 Complete if direct Candidate / Officehold			l efit Cand	idate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	nai	pages if necess	агу)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	 on		14 Arrival date
15 Means of transp	portation		16 Purpose of travel			<u>i</u>	

POLIT	ICAL EXPENDIT	TURES					SCHEDULE F
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 34	/65 Re	port: 56/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002		Commission filers)
4 Date	5 Payee name I one Star Strategies	·			<u> </u>	7	Amount (\$)
04/05/2006	6 Payee address; 7670 Woodway Suite 1 Houston, TX 77063			• • •	•••••		\$4,065.82
	yment ons regarding type of information & Compliance	required.)	9 Complete if direct Candidate / Officehol	der i	enditure to ben name:	I efit Can	didate/Officeholder **
	Payment for travel outside Texas (complete boxes 10-16) Name of person(s) traveling on whose behalf the expenditure for traveling on the expenditure for traveling on the expenditure for traveling the expenditu						
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal	pages if necess	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				·
4 Date	5 Payee name Lone Star Strategies					7	Amount (\$)
06/28/2006	6 Payee address; C 7670 Woodway Suite 1 Houston, TX 77063	ity; State; Zip Code				·	\$200.00
8 Purpose of pay (See instruction Compliance	/ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expe	enditure to bene ame:	fit Cand	idate/Officeholder **
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	vas made (attach additio	nal	pages if necessa	ary)	<u> </u>
11 Departure city /	location	12 Departure date	13 Destination city / loc	catic	បា		14 Arrival date
15 Means of transp	portation		16 Purpose of travel				
	·						

POLITI	CAL EXPENDIT	· · · · · · · · · · · · · · · · · · ·	78711-2070	(012)	63-5800 S	SCHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 3	5/65 Re	port: 57/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	(Ethics (Commission filers)
4 Date	5 Payee name LULAC Council 402				7	Amount (\$)
02/08/2006	6 Payee address; (P.O. Box 30498 Houston, TX 77249049	City; State; Zip Code	•••••••	•		\$80.00
8 Purpose of pay (See instruction Sponsorship	rment ns regarding type of information	required.)	9 * Complete if direc Candidate / Officehol	t expenditure to ber der name:	nefit Cano	didate/Officeholder
☐ Payment fo	or travel outside Texas (complete	Office sought:				
10 Name of persor	n(s) traveling on whose behalf th	ne expenditure for trave	was made (attach additi	onal pages if neces	sary)	
11 Departure city / location 12 Departure date			13 Destination city / Id	ocation		14 Arrival date
15 Means of transp	portation	<u> </u>	16 Purpose of travel			<u> </u>
4 Date	5 Payee name MacArthur Place				7	Amount (\$)
05/01/2006 ·	6 Payee address; C 29 E. MacArthur St. Sonoma, CA 95476	tity; State; Zip Code				\$415.80
8 Purpose of paye (See instruction (See travel inf	is regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold		efit Candi	idate/Officeholder
Y Payment for	r travel outside Texas (complete	haves 10 15)	Office sought: Office held:			
	(s) traveling on whose behalf the			onal pages if neces	sary)	
11 Departure city / location			13 Destination city / location Oakland			14 Arrival date 05/02/2006
15 Means of transp Hotel	ortation		16 Purpose of travel Hotel for Minority	Bond Lawyers C	onferen	ce

Texas Ethics Cor	exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070				63-5800	1-800-325-85
POLIT	ICAL EXPENDIT	FURES	·	·	S	CHEDULE F
The Instructi	non Guide explains how to com	plete this form.	. '	1 PAGE # Schedule: 36	165 Ren	ort: 58/97
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT#		
4 Date	Te Davis			00000002	<u> </u>	
4 Date	5 Payee name Marriott Hotels				7	Amount (\$)
05/01/2006	6 Payee address; (988 Broadway Oakland, CA 94607	City; State; Zip Code	,			\$142.04
8 Purpose of pa (See instruction (See travel in	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to ben der name:	efit Candid	late/Officeholder **
	Office sought:					
X Payment for	Payment for travel outside Texas (complete boxes 10-16) Office held:					•
10 Name of perso Green, Rona	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addition	onal pages if necess	sary)	, .
11 Departure city Oakland	/ location	12 Departure date 05/02/2006	13 Destination city / lo Oakland	ocation		14 Arrival date 05/03/2006
15 Means of trans Hotel	sportation		16 Purpose of travel Hotel for Minority	y Bond Lawyers C	onferenc	:e
4 Date	5 Payee name MC Williams Alumni / PA	AOCC Women's Min.			7	Amount (\$)
05/31/2006	6 Payee address; C P.O. Box 38369 Houston, TX 77238	City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	\$250.00
8 Purpose of pay (See instruction Sponsorship	ons regarding type of information i	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene er name:	fit Candida	ate/Officeholder
☐ Payment fo	or travel outside Texas (complete	hoves 10-16)	Office sought: Office held:			
	n(s) traveling on whose behalf the		<u> </u>	nal pages if necess	ary)	
11 Departure city /	'location	12 Departure date	13 Destination city / loc	cation	1	4 Arrival date
15 Means of transp	portation		16 Purpose of travel			
						,

POLITI	POLITICAL EXPENDITURES							
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 37/65 Report: 59/87				
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics Commission filers)			
4 Date	5 Payee name Midtown Self Storage				7 Amount (\$)			
02/11/2006 6 Payee address; City; State; Zip Code 1019 W. Dallas Houston, TX 77019				,	\$1,412.00			
8 Purpose of par (See instruction Campaign St	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officehol		efit Candidate/Officeholder ••			
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional pages if neces	sary)			
11 Departure city / location 12 Departure date			13 Destination city / I	ocation	14 Arrival date			
15 Means of trans	portation	<u> </u>	16 Purpose of travel					
4 Date	5 Payee name Monarch Printing Comp	any Inc.			7 Amount (\$)			
06/28/2006	6 Payee address; C 6605 McGrew Houston, TX 77087	City; State; Zip Code	······································		\$946,75			
8 Purpose of pay (See instruction Printing	ment ns regarding type of information		9 ** Complete if direct Candidate / Officehold		efit Candidate/Officeholder **			
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	I was made (attach additio	onal pages if necess	ary)			
11 Departure city /	location .	12 Departure date	13 Destination city / lo	ocation	14 Arrival date			
15 Means of trans	portation		16 Purpose of travel					

exas Ethics Con	nmission P.O.Box 120	70 Austin, Texas	78711-2070	(512)4	63-5800 1-800-325-8
POLITI	ICAL EXPENDI	TURES			SCHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 38	3/65 Report: 60/87
2 FII FR NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	
4 Date	5 Payee name Museum of Fine Arts F	louston	• +	<u>.</u>	7 Amount (\$)
03/09/2006	6 Payee address; P.O. Box 6826 Houston, TX 77265	City; State; Zip Code)	••••	\$85.00
8 Purpose of pay (See instruction Dues	J yment ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officehol	t expenditure to ben der name:	efit Candidate/Officeholder **
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:		
10 Name of persor	n(s) traveling on whose behalf the	he expenditure for travel	was made (attach additi	onal pages if necess	sary)
11 Departure city / location 12 Departure date			13 Destination city / k	ocation	14 Arrival date
15 Means of transp	portation		16 Purpose of travel	<u> </u>	
4 Date 04/14/2006		City; State; Zip Code			7 Amount (\$) \$1,045.00
	230 W. Monroe Suite 3; Chicago, IL 60606-471			·	
Purpose of paya (See instruction Public Finance	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	fit Candidate/Officeholder
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:		
	(s) traveling on whose behalf th	•	l was made (attach additio	nal pages if necessa	агу)
1 Departure city / I	location	12 Departure date	13 Destination city / lo	cation	14 Arrival date
5 Means of transpo	ortation		16 Purpose of travel		
	,				

	CAL EXPENDI	IURES				:	SCHEDULE F
The Instruction	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 39)/65 Re	eport: 61/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # (Ethics Commission 00000002			Commission filers)
4 Date	5 Payee name National Black MBA As	ssociation				7	Amount (\$)
02/21/2006		City; State; Zip Code					\$500.00
Purpose of pay (See instruction Sponsorship	i ment ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho	t exp Ider	penditure to ben name:	L efit Can	didate/Officeholder *
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office sought:				
Name of persor	n(s) traveling on whose behalf the	he expenditure for travel	was made (attach additi	iona	pages if neces	sary)	
11 Departure city / location 12 Departure date			13 Destination city / location				14 Arrival date
5 Means of transp	portation		16 Purpose of travel				
Date 01/06/2006	5 Payee name National Forum for Black 6 Payee address; C 777 N. Capitol Street NI Washington, DC 20002	City; State; Zip Code E Suite 807		•		7	Amount (\$) \$185.00
Purpose of pay (See instruction Membership [is regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	exp der n	enditure to bene ame:	fit Cand	idate/Officeholder **
			Office sought:			•	
	r travel outside Texas (complete (s) traveling on whose behalf th		Office held:	onal	pages if necess	arv)	
		•	,		,	,,	
Departure city /	location	12 Departure date	13 Destination city / lo	catio	on		14 Arrival date
5 Means of transp	ortation	·	16 Purpose of travel	-	 ,		
			<u> </u>				

POLITICAL EXPEN		3 78711-2070	(512)41	63-5800 S	1-800-325-85
The INSTRUCTION GUIDE explains how to	complete this form.		1 PAGE # Schedule: 40)/65 Rep	port: 62/87
2 FILER NAME Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics C	Commission filers)
4 Date 5 Payee name National Forum for	Black Public Administrat	ors	<u> </u>	7	Amount (\$)
112/119/2010D -		······································			\$425.00
8 Purpose of payment (See instructions regarding type of inform Sponsorship	ation required.)	9 · · Complete if direc Candidate / Officehol		efit Cand	idate/Officeholder **
		Office sought:			
Payment for travel outside Texas (con	nplete boxes 10-16)	Office held:	•		
10 Name of person(s) traveling on whose bel	nalf the expenditure for trave	I was made (attach additi	ional pages if neces	sary)	
11 Departure city / location	12 Departure date	13 Destination city / I	ocation	-	14 Arrival date
15 Means of transportation		16 Purpose of travel		·	
4 Date 5 Payee name Office Max			<u></u>	7	Amount (\$)
03/13/2006 6 Payee address; P.O. Box 5239 Carol Stream, IL 60	City; State; Zip Code	•••••			\$262.33
Purpose of payment (See instructions regarding type of information Office Supplies	ntion required.)	9 ** Complete if direct Candidate / Officehold		efit Candi	date/Officeholder **
☐ Payment for travel outside Texas (com	plete boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose beh	alf the expenditure for travel	was made (attach addition	onal pages if necess	ary)	,
11 Departure city / location	12 Departure date	13 Destination city / lo	cation		14 Arrival date
15 Means of transportation		16 Purpose of travel			
	,	1			

POLITI	CAL EXPENDIT	TURES			<u> </u>	\$	SCHEDULE F	
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 41	/65 Re	port: 63/87	
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002			
4 Date	5 Payee name Omni Hotel					7	Amount (\$)	
02/06/2006	6 Payee address; (4 Riverway Dr. Houston, TX 77056	City; State; Zip Code		•••			\$75.78	
8 Purpose of pa (See instruction Campaign M	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	der	enditure to ben name:	efit Cano	didate/Officeholder	
			Office sought:					
	or travel outside Texas (complete		Office held:					
10 Name of perso	n(s) traveling on whose behalf th	ie expenditure for traver	was made (attach additi	onal	pages if neces	sary)		
11 Departure city	location	12 Departure date	13 Destination city / lo		on		14 Arrival date	
15 Means of trans	·	16 Purpose of travel				<u> </u>		
4 Date	5 Payee name Pink Hospitality Group					7	Amount (\$)	
03/03/2006	6 Payee address; C 709 Franklin Houston, TX 77002	ity; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				\$60.42	
8 Purpose of pay (See instruction Campaign Me	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	expe ler n	enditure to bene ame:	Lefit Candi	idate/Officeholder **	
_			Office sought:					
	r travel outside Texas (complete	Office held:		•		<u>.</u>		
10 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel v	vas made (attach additio	mal	pages if necess	ary)		
11 Departure city /	location .	12 Departure date	13 Destination city / lo	catio	on .		14 Arrival date	
15 Means of transp	portation		16 Purpose of travel					
		· .					·	

POLITI	CAL EXPENDI		70717-2070		(312)4	63-580C	SCHEDULE F
The Instructi	ON GUIDE explains how to con	plete this form.			PAGE # Schedule: 43)/65 Re	port: 65/87
2 FILER NAME	Green, Ronald (Mr.)				ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name Sambuca	·				7	Amount (\$)
03/20/2006	6 Payee address; 909 Texas Ave Houston, TX 77002	City; State; Zip Code	••••				\$359.54
8 Purpose of par (See instruction Event Expen	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expe	enditure to ben ame:	_1 efit Cand	didate/Officeholder
Payment fo	or travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	ional ş	pages if neces	sary)	
11 Departure city i	location	12 Departure date	13 Destination city / lo	ocatio	ਮੀ	·	14 Arrival date
15 Means of trans	portation	l. :	16 Purpose of travel	<u></u>			<u> </u>
4 Date	5 Payee name Sam's Club					7	Amount (\$)
02/21/2006	6 Payee address; (5310 S. Rice Houston, TX 77081	City; State; Zip Code		••••	•••••		\$59.48
8 Purpose of pay (See instruction Office Supplie	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			fil Candi	date/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
· · · · · · · · · · · · · · · · · · ·	i(s) traveling on whose behalf the			onal pa	ages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / loa	cation	<u>,</u> 1		14 Arrival date
15 Means of transp	portation		16 Purpose of travel				
			<u> </u>				

2 FILER NAME (Control of the state of the st	Sam's Club Payee address; (1 PAGE# Schedule: 4	4/65 Re	eport: 66/87	
4 Date 5 02/27/2006 6 8 Purpose of payme (See instructions response)	Payee name Sam's Club Payee address;			3 ACCOUNT#		port. doror	
02/27/2006 6 8 Purpose of payme (See instructions recognitions)	Sam's Club Payee address; (00000002	(Ethics	Commission filers)	
8 Purpose of payme (See instructions r					7	Amount (\$)	
(See instructions r	5310 S. Rice Houston, TX 77081	City; State; Zip Code	 Э			\$59.43	
Office Supplies	ent regarding type of information	required.)	9 * Complete if direct Candidate / Officehol	expenditure to be der name:	nefit Can	didate/Officeholder ••	
Payment for tr	avel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of person(s)	traveling on whose behalf th	ne expenditure for travel	I was made (attach additi	onal pages if nece	ssary)	·	
1 Departure city / loc	cation	12 Departure date	13 Destination city / k	ocation		14 Arrival date	
5 Means of transport	ation		16 Purpose of travel			<u> </u>	
	Payee name Sam's Club				7	Amount (\$)	
03/21/2006 6	Payee address; C 1615 S. Loop W. Houston, TX 77054	ity; State; Zip Code				\$75.00	
Purpose of paymer (See instructions re Office Supplies	nt egarding type of information a	equired.)	9 · · Complete if direct Candidate / Officehold		efit Cand	idate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
 .	traveling on whose behalf the		was made (attach additio	nal pages if neces	sary)		
1 Departure city / loca	ation	12 Departure date	13 Destination city / loc	cation		14 Arrival date	
5 Means of transporta	ation	<u>.</u>	16 Purpose of travel				
							

POLIT	ICAL EXPENDI	TURES			(012)4		SCHEDULE F
The Instruct	ION GUIDE explains how to com	plete this form.		1	PAGE# Schedule: 45	5/65 Re	eport: 67/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002		Commission filers)
4 Date	5 Payee name Sam's Club					7	Amount (\$)
04/10/2006	6 Payee address; 1615 S. Loop W. Houston, TX 77054	City; State; Zip Code	•	••	• • • • • • • • • • • • • • • • • • • •		\$75.00
8 Purpose of pa (See instruction Office Suppl	ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	exp der	penditure to ben name:	efit Can	didate/Officeholder **
· · · · · · · · · · · · · · · · · · ·	or travel outside Texas (complete		Office sought:				·
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach additi	onal	pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / lo	cati	ion		14 Arrival date
15 Means of trans	sportation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Sam's Wholesale				<u></u>	7	Amount (\$)
01/13/2006		City; State; Zip Code			••••••		\$627.15
8 Purpose of pay (See instruction Event Expens	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expi er n	enditure to bene ame:	fit Cand	idate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
	n(s) traveling on whose behalf the		was made (attach addition	nal (pages if necess	агу)	
11 Departure city /	location	12 Departure date	13 Destination city / loc	catic	on ,		14 Arrival date
15 Means of transp	portation		16 Purpose of travel	<u> </u>			
				<u> </u>			

Purpose of payment (See instructions regarding type of i Travel Expenses	information required.)	9 • Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:				
•						
Payment for travel outside Texa	s (complete boxes 10-16)					
		was made (attach additional pages if nece				
<u> </u>	12 Departure date	13 Destination city / location	14 Arrival date			
1 Departure city / location						
11 Departure city / location 5 Means of transportation		13 Destination city / location				

Texas Ethics Cor	mmission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)4	63-5800	1-800-325-850
POLIT	ICAL EXPENDIT	TURES			S	CHEDULE F
The Instruct	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 48	3/65 Ren	ort: 70/87
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002		ommission filers)
4 Date	5 Payee name Sisters Network Inc.		·		7	Amount (\$)
02/21/2006	6 Payee address; 8787 Woodway Drive S Houston, TX 77063	City; State; Zip Code				\$100.00
8 Purpose of pa (See instruction Advertising	yment yns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol	t expenditure to ben der name:	I efit Candi	date/Officeholder ••
	•		Office sought:			
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for trave	was made (attach additi	onal pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / kg	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel		<u>l</u> ,	
4 Date	5 Payee name SOURCEMEDIA INC. O	:&E		· · · · · · · · · · · · · · · · · · ·	7	Amount (\$)
01/12/2006	6 Payee address; C P.O. Box 71911 Chicago, IL 606941911	ity; State; Zip Code				\$195.00
8 Purpose of pay (See instruction Sponsorship	ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene ler name:	lefit Candid	ate/Officeholder **
	r travel outside Texas (complete		Office sought: Office held:			
10 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach additio	nal pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation	7	4 Arrival date
15 Means of transp	portation	···	16 Purpose of travel			
				·· ·		

16 Purpose of travel

15 Means of transportation

POLITI	CAL EXPENDIT		707112070	(0.27)	SCHEDULE F		
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 50	1/65 Report: 72/87		
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002			
4 Date	5 Payee name Space Place Storage				7 Amount (\$)		
01/13/2006	6 Payee address; (3011 San Jacinto Houston, TX 77004	City; State; Zip Code			\$361.00		
Purpose of payment (See instructions regarding type of information required.) Campaign Storage			9 · · Complete if direct Candidate / Officehol	t expenditure to ben lder name:	efit Candidate/Officeholder		
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Spring Cypress Chapter	r of Links Inc.			7 Amount (\$)		
06/11/2006	6 Payee address; C 27104 Monarch Woods Kingwood, TX 77339	ity; State; Zip Code			\$600.00		
8 Purpose of pay (See instruction Sponsorship	ment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene der name:	I efit Candidate/Officeholder		
			Office sought:				
	r travel outside Texas (complete		Office held: was made (attach addition	onal pages if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / lo	ocation	14 Arrival date		
15 Means of transp	portation		16 Purpose of travel				
				· ·			

Texas Etnics Con	imission P.O.Box 1207	U Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850		
POLITI	CAL EXPENDIT	TURES	·		S	CHEDULE F		
The Instruction	อง Guide explains how to comp	olete this form.		1 PAGE# Schedule: 51	/65 Rep	oort: 73/87		
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000002				
4 Date	5 Payee name Sprint				7	Amount (\$)		
01/23/2006	6 Payee address; (P.O. Box 660092 Dallas, TX 752660092				\$147.90			
8 Purpose of pay (See instruction Cell Phone	ment ns regarding type of information	9 * Complete if direc Candidate / Officehol	t expenditure to beni der name:	efit Cand	idate/Officeholder **			
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of person	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date			13 Destination city /)	ocation		14 Arrival date		
15 Means of trans	portation	16 Purpose of travel			· · · · · · · · · · · · · · · · · · ·			
4 Date	5 Payee пате Sprint				7	Amount (\$)		
02/08/2006	6 Payee address; C P.O. Box 660092 Dallas, TX 752660092	ity; State; Zip Code				\$144.95		
8 Purpose of pay (See instruction Cell Phone	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold		fit Candi	date/Officeholder		
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addition	onal pages if necess	агу)			
11 Departure city / location 12 Departure date			13 Destination city / lo	cation		14 Arrival date		
15 Means of transportation			16 Purpose of travel		ļ			
			,					

POLITI	POLITICAL EXPENDITURES					63-580 <u>(</u>	1-800-325-850 SCHEDULE F	
The Instruction	ом Guide explains how to com	piete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 52/65 Report: 74/87				
2 FILER NAME	Green, Ronald (Mr.)		· .	3 ACC			Commission filers)	
4 Date	5 Payee name Sprint	,		1		7	Amount (\$)	
04/14/2006		City; State; Zip Code			•••••		\$293.90	
8 Purpose of pay (See instruction Cell Phone	yment ons regarding type of information	required.)	9 · · Complete if direc Candidate / Officehol	t expenditi	ıre to ben	L efit Can	didate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16) Office sought: Office held:								
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional page	s if neces	sary)		
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date				
15 Means of trans	portation		16 Purpose of travel	٠.			<u> </u>	
4 Date	5 Payee name Sprint					7	Amount (\$)	
06/15/2006	6 Payee address; C P.O. Box 660092 Dallas, TX 752660092	City; State; Zip Code					\$297.48	
8 Purpose of pay (See instruction Cell Phone	rment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		re to bene	L efit Cand	idate/Officeholder **	
	r travel outside Texas (complete		Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal pages	if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / lo	3 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel		•			
				٠.				

POLITI	POLITICAL EXPENDITURES						SCHEDULE F
The Instruction	ом Guide explains how to com	plete this form.		1	PAGE # Schedule: 53	/65 Re	port: 75/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002		Commission filers)
4 Date	5 Payee name Sprint PCS			.		7	Amount (\$)
01/23/2006 6 Payee address; City; State; Zip Code 2036 Westheimer Suite A Houston, TX 77098					\$97.41		
8 Purpose of payment (See instructions regarding type of information required.) Cell Phone 9 ** Complete if direct expenditure to be Candidate / Officeholder name:					efit Cand	didate/Officeholder '	
☐ Payment fo	or travel outside Texas (complete	Office sought: Office held:					
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal	pages if neces	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of trans		16 Purpose of travel					
4 Date	5 Payee name Steve Brown Campaign					7	Amount (\$)
02/11/2006	6 Payee address; C 12223 Shelwick Houston, TX 77031	ity; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	•••			\$1,000.00
8 Purpose of pay (See instruction Campaign Co	ns regarding type of information	required.)	9 * Complete if direct Candidate / Officehold	exp ier n	enditure to bene name:	L efit Cand	idate/Officeholder ""
. Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of persor	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	nal	pages if necess	ary)	
11 Departure city /	12 Departure date	13 Destination city / lo	ity / location 14 Arrival date				
15 Means of transportation			16 Purpose of travel				
							,

12 Departure date

13 Destination city / location

16 Purpose of travel

11 Departure city / location

15 Means of transportation

Electronic Filing Version

14 Arrival date

16 Purpose of travel

15 Means of transportation

POLITI	POLITICAL EXPENDITURES					8	SCHEDULE F	
The Instructi	ON GUIDE explains how to com	plete this form.		1	PAGE # Schedule: 56	/65 Re	port: 78/87	
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)	
4 Date	5 Payee name Texaco				·	7	Amount (\$)	
03/03/2006	6 Payee address; (411 Richmond Houston, TX 77002	City; State; Zip Code		• • •			\$65.33	
8 Purpose of pa (See instruction Travel Exper	9 ** Complete if direct Candidate / Officehol	t exp	oenditure to ben name:	efit Cano	lidate/Officeholder **			
☐ Payment fo	Office sought: Office held:							
<u> </u>	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date		
15 Means of trans		16 Purpose of travel						
4 Date	5 Payee name Texaco	 				7	Amount (\$)	
03/08/2006	6 Payee address; C 319 Shepherd Dr. Houston, TX 77007	lity; State; Zip Code					\$66.22	
8 Purpose of pay (See instruction Travel Expen	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold	exp der n	enditure to bene name:	Lefit Cand	date/Officeholder	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose behalf the	e expenditure for travel v	was made (attach additio	onal	pages if necess	агу)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	catio	on		14 Arrival date	
15 Means of transportation			16 Purpose of travel					
	<u>.</u>	_	· · ·					

POLITI	POLITICAL EXPENDITURES					
The Instruction	ON GUIDE explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 57	/65 Report: 79/87	
2 FILER NAME	Green, Ronald (Mr.)	. "		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4 Date	5 Payee name Texaco				7 Amount (\$)	
04/19/2006	6 Payee address; (1049 N. Shepherd Dr. Houston, TX 77008	City; State; Zip Code			\$83.50	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses 9 ** Complete if dire Candidate / Officeho				t expenditure to ben der name:	efit Candidate/Officeholder	
☐ Payment fo	or travel outside Texas (complete	a boxes 10-16)	Office sought:	•	·	
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ional pages if neces:	sary)	
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date		
15 Means of trans	portation .		16 Purpose of travel			
4 Date	5 Payee name Texas Coalition of Black	c Democrats	7 Amount (\$)			
02/21/2006		City; State; Zip Code			\$150.00	
8 Purpose of pay (See instruction Advertising	rment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		fit Candidate/Officeholder ••	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addition	onal pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	location 14 Arrival date		
15 Means of transp	portation		16 Purpose of travel			

POLITI	POLITICAL EXPENDITURES					<u>s</u>	CHEDULE F
The Instruction	on Guide explains how to comp	plete this form.		1	PAGE # Schedule: 58	/65 Re	port: 80/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name The Breakfast Klub			<u> </u>		7	Amount (\$)
04/05/2006 6 Payee address; City; State; Zip Code 3711 Travis Houston, TX 77002						\$365.89	
8 Purpose of payment (See instructions regarding type of information required.) Council Breakfast 9 * * Complete if direct expenditure to bene Candidate / Officeholder name:				I efit Cano	lidate/Officeholder **		
☐ Payment fo	Office sought: Office held:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location					•	14 Arrival date	
15 Means of trans		16 Purpose of travel			•	· · · _	
.4 Date	5 Payee name The Downtown Club					7	Amount (\$)
02/08/2006	6 Payee address; C 340 West Dallas One Allen Center Parkir Houston, TX 77002	City; State; Zip Code		•••	, , , , , , , , , , , , , , , , , , ,		\$548.77
8 Purpose of pay (See instruction Event Expens	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			efit Cand	idate/Officeholder
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal	pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / lo	cati	on		14 Arrival date
15 Means of transportation			16 Purpose of travel				

POLIT	POLITICAL EXPENDITURES						SCHEDULE F
The Instructi	on Guide explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1	PAGE # Schedule: 59	/65 Re	port: 81/87
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)
4 Date	5 Payee name The Downtown Club		-	ı		7	Amount (\$)
04/14/2006 6 Payee address; City; State; Zip Code 340 West Dallas One Allen Center Parking Garage Houston, TX 77002							\$166.98
8 Purpose of payment (See instructions regarding type of information required.) Meeting Expenses 9 • • • • • • • • • • • • • • • • • •				9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name:			
Payment for travel outside Texas (complete boxes 10-16)			Office sought:				
	in(s) traveling on whose behalf the			ona	pages if necess	sary)	
11 Departure city / location 12 Departure date			13 Destination city / lo	ocat	ion		14 Arrival date
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name The Downtown Club					7	Amount (\$)
04/24/2006	6 Payee address; C 340 West Dallas One Allen Center Parkir Houston, TX 77002	City; State; Zip Code		• • •			\$429.06
8 Purpose of pay (See instruction Event Expens	ns regarding type of information	required.)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:				
. Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addition	onal	pages if necess	ary)	
11 Departure city / location 12 Departure date 13 Destination				catio	on		14 Arrival date
15 Means of transportation			16 Purpose of travel				
		 · · · · · · · · · · · · · · · · · 					

POLITI	POLITICAL EXPENDITURES						SCHEDULE F	
The Instruction	ON GUIDE explains how to comp	plete this form.		1	PAGE # Schedule: 60	ile: 60/65 Report: 82/87		
2 FILER NAME	Green, Ronald (Mr.)			3	ACCOUNT # 00000002	(Ethics	Commission filers)	
4 Date	5 Payee name The Warren Corporatio	n for BCWOP		<u> </u>		7	Amount (\$)	
03/09/2006 6 Payee address; City; State; Zip Code 5317 Martin Luther King Blvd. Houston, TX 77021					\$100.00			
8 Purpose of par (See instruction Sponsorship	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol			efit Cano	idate/Officeholder	
☐ Payment fo	Office sought:							
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal	pages if necess	загу)		
11 Departure city	/ location	12 Departure date	13 Destination city / location				14 Arrival date	
15 Means of trans	<u> </u>	16 Purpose of travel						
4 Date	5 Payee name Top Ladies of Distinction	n - Missouri City	7 Amount (\$)					
02/08/2006	6 Payee address; C 9211 Dulcimer Houston, TX 77051	City; State; Zip Code					\$180.00	
8 Purpose of pay (See instruction Advertising	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehold			fit Cand	idate/Officeholder **	
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel v	vas made (attach additio	onal	pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / lo	nation city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel					

POLITI	POLITICAL EXPENDITURES							
The Instruction	ON GUIDE explains how to com	plete this form.	· · · · · · · · · · · · · · · · · · ·	1 PAGE # Schedule: 61/65 Report: 83/87				
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # 00000002	Commission filers)			
4 Date	5 Payee name Top Ladies of Distinction	on - Missouri City			7	7 Amount (\$)		
02/21/2006	6 Payee address; (9211 Dulcimer Houston, TX 77051	City; State; Zip Code				\$400.00		
8 Purpose of par (See instruction Sponsorship	ns regarding type of information	9 ** Complete if direct Candidate / Officehol Office sought:	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					
Payment for travel outside Texas (complete boxes 10-16) Office held:								
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location					-	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name TSU College of Continu	ing Education	<u> </u>		7	Amount (\$)		
02/21/2006	6 Payee address; C 3100 Cleburne Houston, TX 77004	City; State; Zip Code				\$125.00		
8 Purpose of pay (See instruction Advertising	rment ns regarding type of information	required.}	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name:					
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additio	onal pages if necess	ary)			
11 Departure city /	location	12 Departure date	13 Destination city / lo	cation		14 Arrival date		
15 Means of transp	portation	16 Purpose of travel						

POLITI	POLITICAL EXPENDITURES						
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 62	/65 Re	port: 84/87	
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000002			
4 Date 03/13/2006	U.S. Postal Service				7	Amount (\$) \$390.00	
Purpose of payment (See instructions regarding type of information required.) Postage Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessar						didate/Officeholder **	
11 Departure city / location 12 Departure date 13 Destination city / location					14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date 04/26/2006	5 Payee name U.S. Postal Service 6 Payee address; C 401 Franklin Houston, TX 77201999	ity; State; Zip Code			7	Amount (\$) \$195.00	
Postage Payment for	rment rns regarding type of information rtravel outside Texas (complete r(s) traveling on whose behalf th	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:					
11 Departure city /		12 Departure date	13 Destination city / lo			14 Arrival date	
15 Means of transportation			16 Purpose of travel				
					,		

16 Purpose of travel

15 Means of transportation

Texas Ethics Com	as Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070					1-800-325-850		
POLITI	CAL EXPENDIT	TURES			s	CHEDULE F		
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 64/65 Report: 86/87				
2 FILER NAME	Green, Ronald (Mr.)			3 ACCOUNT# 00000002	(Ethics C	ammission filers)		
4 Date	5 Payee name UPS Store				7	Amount (\$)		
03/09/2006	6 Payee address; 6524 San Felipe Houston, TX 77057				\$300.00			
8 Purpose of pay (See Instruction Mail Box Ren	ns regarding type of information	9 · · Complete if direct Candidate / Officehol	t expenditure to ben der name:	.I. efit Candi	date/Officeholder **			
Office sought:								
Payment for travel outside Texas (complete boxes 10-16) Office held:						· 		
10 Name of person	s(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)			
11 Departure city /	location	40 0	142 5 7 7 7					
TT Departure City /	location	12 Departure date	13 Destination city / lo	ocation	i	14 Arrival date		
15 Means of transp	portation		16 Purpose of travel					
4 Date			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
4 Date	5 Payee name Walgreen's				7	Amount (\$)		
03/06/2006	6 Payee address; C 2612 Smith Houston, TX 77006	ity; State; Zip Code				\$84.40		
Purpose of payn (See instructions Office Supplies	s regarding type of information i	equired.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene er name:	fit Candid	late/Officeholder		
			Office sought:					
	travel outside Texas (complete		Office held:					
10 Name of person((s) traveling on whose behalf the	e expenditure for travel	was made (attach additio	nal pages if necessa	агу)	-		
1 Departure city / k	ocation	12 Departure date	13 Destination city / loc	cation		14 Arrival date		
15 Means of transportation			16 Purpose of travel					

ALL WASHING